

CHAPTER 4

ENROLLMENT AND TERMINATION

Initiating HASCI Waiver Enrollment

When the Service Coordinator is notified by the HASCI Division that a person has been allocated a HASCI Waiver slot, the first requirement is to notify the person or legal guardian and confirm that enrollment in the HASCI Waiver is still desired. All service alternatives under the HASCI Waiver must be explained.

If any time during the enrollment process HASCI Waiver services are no longer wanted, the person or legal guardian must sign a *Statement of Individual Declining Waiver Services* (HASCI Form 3). The Service Coordinator must fax a copy of this to the HASCI Division immediately so the HASCI Waiver slot can be rescinded. The original form must be maintained in the person's file and a copy given to the person or legal guardian.

HASCI Form 3 is not required if the person dies, moves out of state, cannot be located, does not qualify for Medicaid, is determined not to meet NF or ICF/IID Level of Care, or refuses to cooperate with the enrollment process. The Service Coordinator must document such circumstance in a Service Note and must notify the HASCI Division immediately so the HASCI Waiver slot can be rescinded.

HASCI Waiver enrollment must be completed within 90 days after a slot was allocated or it will expire. If enrollment is delayed beyond 90 days, the Service Coordinator must request the HASCI Division to allow an extension of the slot. A request must be made by e-mail specifying status of the enrollment and reasons for delay. HASCI Division staff will respond by e-mail. If approved, length of the extension period will be specified.

Freedom of Choice

To begin the HASCI Waiver enrollment process, the person or legal guardian must complete a *Freedom of Choice* (HASCI Form 2). This documents the choice to participate in the HASCI Waiver instead of placement in an institution. A *Freedom of Choice* form must be completed prior to HASCI Waiver enrollment or re-enrollment. The original form must remain in the person's file so long as he or she is enrolled.

The Service Coordinator must meet with the person or legal guardian to explain home and community-based service options available through the HASCI Waiver versus placement in an institution. It must also be explained that admission to an institution cannot be guaranteed if that option is chosen. If requested, the Service Coordinator can assist with applying for admission to a NF or ICF/IID.

Following discussion, the *Freedom of Choice* form must be marked, signed, and dated by the person if he or she is a legal adult (age 18 years or older and not adjudicated incompetent) or by a legally responsible adult (parent or legal guardian of a child under age 18 years or legal guardian of an adult age 18 years or older who was adjudicated incompetent). The Service Coordinator must also sign and date the form.

- The only exception is when a legal adult is not physically capable of signing. The Service Coordinator must document on the *Freedom of Choice* form and in a Service Note the reason for absence of the person's signature.
- If the parent or legal guardian of a child under age 18 years signs the *Freedom of Choice* form, the person must sign it when he or she turns age 18 years unless adjudicated incompetent.
- The person or legal guardian may mark, sign, and date the original *Freedom of Choice* form or mark, sign, and date a new form unless not physically capable of signing. The Service Coordinator must document on the *Freedom of Choice* form and in a Service Note the reason for absence of the person's signature.

The Service Coordinator must document the meeting, discussion, signing of the form, and choice that was made in a Service Note.

Acknowledgement of Choice and Appeal Rights

After completion of the *Freedom of Choice* form, the Service Coordinator must explain the right of a HASCI Waiver participant to contact and choose providers of services from among those qualified. The Service Coordinator can assist in identifying qualified providers for the participant or legal guardian to consider. Information concerning qualified providers can be found on the SCDDSN and SCDHHS websites.

It also must be explained that the person or legal guardian has the right to first request reconsideration by SCDDSN and then to submit an appeal to the State Medicaid agency (SCDHHS) concerning any adverse decision or action related to becoming enrolled in, receiving services through, or being terminated from the HASCI Waiver. Declining or being terminated from the HASCI Waiver does not prevent re-applying in the future. It does not directly affect eligibility for or receipt of other SCDDSN services.

Following explanation, the individual or legal guardian must sign and date an *Acknowledgement of Choice and Appeal Rights* (HASCI Form 19). The Service Coordinator must also sign and date the form. It must be signed prior to HASCI Waiver enrollment or re-enrollment and at least annually thereafter, usually during annual update of the person's Support Plan.

The original form must be maintained in the person's file and a copy must be provided to the person or legal guardian.

The Service Coordinator must document the meeting, discussion, and signing of the form in a Service Note. It must also document that the person or legal guardian was provided a copy of the form.

Acknowledgement of Rights and Responsibilities

The Service Coordinator must explain to the person or legal guardian the rights and responsibilities required for participating in the HASCI Waiver. It must be understood that failure to meet the designated responsibilities can result in termination from the HASCI Waiver.

Following explanation, the person or legal guardian and Service Coordinator must sign and date an *Acknowledgement of Rights and Responsibilities* (HASCI Form 20). It must be signed prior to HASCI Waiver enrollment or re-enrollment. The original form must be maintained in the person's file and a copy must be provided to the person or legal guardian.

The Service Coordinator must document the meeting, discussion, signing of the form, the in a Service Note. It must also document the person or legal guardian was provided a copy of the form.

If subsequently a HASCI Waiver participant or legal guardian does not comply with the designated responsibilities, the Service Coordinator must document concerns or problems and efforts to resolve them in Service Notes. This must include reviewing and requiring that a new *Acknowledgement of Rights and Responsibilities* form be signed and dated.

If a person or legal guardian refuses to comply with the responsibilities for participation in the HASCI Waiver despite concerted documented efforts by the Service Coordinator and others to resolve the problems, there must be consultation with the HASCI Division to determine if termination must proceed.

Verification of Third Party Coverage

The Service Coordinator must assist the person or legal guardian to complete, sign, and date a *Verification of Third Party Coverage* (HASCI Form 18) identifying all private insurance, Medicare, or Medicaid coverage available to the person on the date the form is completed. This may be before the person has been determined eligible for Medicaid. The Service Coordinator must also sign and date the form.

The meeting, discussion, and signing of the form must be documented in a Service Note. The original form must be placed the person's file.

Medicaid Eligibility

A person must already be receiving Medicaid or must become eligible in order to be enrolled in the HASCI Waiver. If a person allocated a HASCI Waiver slot is not already receiving Medicaid, the Service Coordinator must assist him or her to apply immediately. For application information, consult the SCDHHS website at www.scdhhs.gov >Getting Medicaid >How to Apply.

Application for Medicaid is made at the SCDHHS (Medicaid) County Office for the locality where the person lives. If the person is hospitalized, application can be made at most hospitals. It must be clearly communicated when applying for Medicaid that the person is served by SCDDSN and has a HASCI Waiver slot.

Becoming eligible for Medicaid is a lengthy process, typically taking 60-120 days to be completed. SCDDSN funds Regional Sponsored Medicaid Workers to facilitate Medicaid eligibility determination for people to be enrolled in the HASCI Waiver. They also conduct a “36 month look back” to confirm financial eligibility of people already receiving Medicaid to become enrolled in the HASCI Waiver. Regional Sponsored Medicaid Workers are located at Midlands Center, Whitten Center, Pee Dee Center, and Coastal Center. A contact roster can be accessed via the SCDDSN Application Portal >Business Tools >Forms >HASCI Waiver.

There are several categories under which SCDHHS can determine eligibility for Medicaid. Most adult HASCI Waiver participants qualify under the Aged, Blind and Disabled (ABD) category. There is also Category 15 where Medicaid eligibility is tentative until a person is tentatively enrolled in a HCBS Waiver for 30 days and receives at least one service. After the initial 30 days, Medicaid eligibility and Waiver enrollment become official, retroactive to first day of the month in which a Waiver service was received. Category 15 is often an option for a person receiving SSDI whose income is above the ordinary limit to qualify Medicaid. In some cases, the person will have to establish a Medicaid Income Trust to qualify for Medicaid via Category 15. If this is necessary, the Regional Sponsored Medicaid Worker will provide information and assistance.

SCDHHS Form 118A

A *Waiver Client Status Document* (SCDHHS Form 118A) must be completed prior to enrollment in the HASCI Waiver. This form verifies Client Information in Part I, Medicaid Eligibility Status in Part II, and the person’s Level of Care status and start date of HASCI Waiver services in Part III.

- As soon as a person has been allocated a HASCI Waiver slot, the Service Coordinator is responsible to complete Part I of Form 118A, and submit the form to the Regional Sponsored Medicaid Worker for the county where the applicant resides.

- The Regional Sponsored Medicaid Worker is responsible to complete Part II of Form 118A and return the form to the Service Coordinator.
 - The Regional Sponsored Medicaid Worker will coordinate as necessary with the SCDHHS (Medicaid) County Office where the person applied for Medicaid. The worker may also require assistance from the Service Coordinator in resolving issues related to a person's Medicaid eligibility determination or "36 month look back".
- After an applicant's NF or ICF/IID Level of Care Initial Determination has been completed, the Service Coordinator is responsible to complete Part III of Form 118A (*Part I and Part II already completed per above*) and submit a copy of the fully completed form to the Regional Sponsored Medicaid Worker. The original form is maintained in the person's file.
 - If the applicant is not enrolled in the HASCI Waiver within 30 days after the certification date of NF or ICF/IID Level of Care Initial Determination, Level of Care must be re-certified by SCDHHS Community Long Term Care (NF Level of Care) or by the SCDDSN Consumer Assessment Team (ICF/IID Level of Care).

In this situation, the Service Coordinator must send a new Form 118A with Part I and Part III completed to the Regional Sponsored Medicaid Worker. This will provide the updated Level of Care certification date and revised enrollment date or projected enrollment date. The Regional Sponsored Medicaid Worker will complete Part II and return the original Form 118A to the Service Coordinator. The Regional Sponsored Medicaid Worker will retain a copy of the fully completed form.

This process must be repeated if the person is not enrolled in the HASCI Waiver within 30 days and the NF or ICF/IID Level of Care certification again expires.

Level of Care

To be eligible for enrollment in the HASCI Waiver, a person must be otherwise eligible for placement in a Nursing Facility (NF) or an Intermediate Care Facility for Individuals with Intellectual Disability (ICF/IID). **A person must be certified to meet Level of Care (LOC) criteria for NF or ICF/IID within at least 30 days prior to initial enrollment or re-enrollment in the HASCI Waiver.**

The majority of participants in the HASCI Waiver qualify under NF Level of Care as determined by a nurse employed or contracted by the State Medicaid Agency, South Carolina Department of Health and Human Services (SCDHHS).

For purposes of HASCI Waiver enrollment, a person with Traumatic Brain Injury or Similar Disability may be determined by the SCDDSN Consumer Assessment Team (CAT) to qualify under ICF/IID Level of Care if he or she meets criteria for Related Disability (onset prior to age 22 years). ICF/IID Level of Care is not an option for a person with Spinal Cord Injury, regardless of age of onset.

NF Level of Care Initial Determination

For new enrollment or re-enrollment in the HASCI Waiver, the Service Coordinator must request SCDHHS Community Long Term Care (CLTC) to determine if the person meets NF Level of Care. This is done by sending the following to the CLTC Office serving the locality where the person lives:

1. *South Carolina Community Long Term Care Consent Form* (SCDHHS Form 121) signed by the person or legal guardian
2. *DDSN/CLTC Transmittal Form for Nursing Facility Level of Care* (HASCI Form 7) with top section completed
3. *South Carolina Long Term Care Assessment Form* (SCDHHS Form 1718) with pages 1, 2, and 3 completed

Following assessment of the person, CLTC staff will notify the Service Coordinator of the results by returning the completed HASCI Form 7 along with a copy of the completed SCDHHS Form 1718.

- If the person meets NF Level of Care, the Service Coordinator can proceed with HASCI Waiver enrollment.

If the person is not enrolled within 30 calendar days after the LOC determination date, the Service Coordinator must request CLTC to update the determination. This requires re-submitting documents indicated above and CLTC returning the completed HASCI Form 7 and SCDHHS Form 1718 with a new LOC determination date. Upon receipt of these, the Service Coordinator can proceed with HASCI Waiver enrollment.

- If the person does not meet NF Level of Care, the Service Coordinator must notify the HASCI Division by faxing a copy of HASCI Form 7. The person or legal guardian representative must be notified using *Nursing Facility Level of Care Notification Letter* (HASCI Form 7A). SCDHHS Medicaid Appeal information must be provided. (*SCDDSN Reconsideration is not required because the adverse determination was made by CLTC staff and can only be appealed to SCDHHS.*)

HASCI Waiver enrollment cannot proceed unless the person appeals to SCDHHS and the adverse NF Level of Care determination is then reversed.

If that occurs, CLTC staff must provide the Service Coordinator with a new or corrected HASCI Form 7 and a new or corrected SCDHHS Form 1718. Upon receipt of these, the Service Coordinator can proceed with HASCI Waiver enrollment.

ICF/IID Level of Care Initial Determination

For new enrollment or re-enrollment in the HASCI Waiver, the Service Coordinator must obtain and compile the person's medical and school records, psychological/adaptive testing reports, and functional information to support a formal diagnosis of Related Disability. Records reflecting the person's current intellectual and adaptive status also must be obtained and compiled. The person's Assessment and Support Plan must be current in CDSS.

Referral for ICF/IID Level of Care Determination (HASCI Form 4) and copies of all documentation must be submitted to the SCDDSN Consumer Assessment Team (CAT) by mail at 8301 Farrow Road, Columbia, SC 29203 or by fax at 803/935-6170. CAT will determine if new psychological and/or adaptive testing is necessary and notify the Service Coordinator to make arrangements.

Following its review, CAT will notify the Service Coordinator by E-mail of the determination and effective date. CAT will also complete the Level of Care for ICF/IID in the person's record in CDSS. This will generate a *Level of Care Certification Letter* in CDSS which the Service Coordinator can print. File information submitted to CAT for the determination will not be returned.

- If the person meets ICF/IID Level of Care, the Service Coordinator can proceed with HASCI Waiver enrollment.

If the person is not enrolled within 30 calendar days after date of the Initial ICF/IID Level of Care certification, the Service Coordinator must request CAT to re-certify the determination. This is done only if all other enrollment issues have been resolved.

The Service Coordinator must notify CAT by e-mail that the determination is expired and must be re-certified. The Service Coordinator will fax HASCI Form 4 to CAT along with copies of any updated or new documentation of the person's condition/functioning. CAT will decide whether an Initial LOC Update or a new Initial LOC determination is warranted. It will depend on amount of time since the Initial LOC determination and consideration of changes in condition/supervision needs.

CAT will notify the Service Coordinator by e-mail of its determination and effective date and will complete the Level of Care for ICF/IID in the person's record in CDSS. The Service Coordinator can then proceed with HASCI Waiver enrollment.

- If the person does not meet ICF/IID Level of Care, the Service Coordinator must notify the HASCI Division by e-mail. The person or legal guardian must be notified by mailing a copy of the *Level of Care Certification Letter*. SCDDSN Reconsideration and SCDHHS Appeal information must also be provided. CAT will provide guidance if needed concerning SCDDSN Reconsideration, which must be completed prior to SCDHHS Appeal.

HASCI Waiver enrollment cannot proceed unless SCDDSN or SCDHHS reverses the adverse LOC determination. If that occurs, CAT will notify the Service Coordinator by e-mail of the determination and effective date and will complete the Level of Care for ICF/IID in the person's record in CDSS. This will generate a *Level of Care Certification Letter* in CDSS which the Service Coordinator can print. The Service Coordinator can then proceed with HASCI Waiver enrollment.

Determining Services and Enrollment Date

After the forms for *Freedom of Choice*, *Acknowledgement of Choice and Appeal Rights*, *Acknowledgement of Rights and Responsibilities*, and *Verification of Third Party Coverage* have been signed, the person has been documented to be eligible for Medicaid, and a NF or ICF/IID Level of Care Initial Determination has been completed, the Service Coordinator must work with the person or legal guardian to **determine the specific HASCI Waiver services and qualified providers to be authorized with HASCI Waiver enrollment**. See Chapter 5, *PROCEDURES FOR SERVICES* and Chapter 6, *SERVICES*.

When the amount, type and frequency of each service are determined and one or more providers are chosen for each service, the **person's Support Plan must be updated** to reflect the name of each service and payer, the amount, frequency and duration of each service, and provider type(s) for each service.

After services and providers have been confirmed and the Support Plan updated, the Service Coordinator must consult with the HASCI Division to **target a HASCI Waiver enrollment date and start date for services**. The enrollment date is the first date in which one or more HASCI Waiver services are received.

- If a person is moving from an institutional setting (hospital, NF or ICF/IID, jail, mental health facility, etc.) the HASCI Waiver enrollment date is the day he or she is discharged from the facility and receives one or more HASCI Waiver services in a community setting.
- If a person is transferring to the HASCI Waiver from another HCBS Waiver program or will age-out of eligibility for Children's PDN/PCA funded by Medicaid State Plan, coordination with the CLTC Case Manager or Service Coordinator for the current Waiver program is critical to ensure there is not a lapse in services.

The CLTC Case Manager or Service Coordinator for the current Waiver program must be notified as soon as the person is allocated a HASCI Waiver slot to begin coordination. A transfer date must be mutually agreed upon.

- Termination from the current HCBS Waiver program or must be at least one day before the HASCI Waiver enrollment date.
- Children's PDN/PCA cannot be replaced by HASCI Waiver services more than 30 days before the person ages out of eligibility. The CLTC Case Manager must terminate Children's PDN/PCA at least one day before the HASCI Waiver enrollment date and start date of Medicaid Waiver Nursing and/or Attendant Care/Personal Assistance.
- If a person transferring to HASCI Waiver from another HCBS Waiver program currently gets UAP Attendant Care Services, this will end upon termination from that Waiver program. The person can choose to get Self-Directed Attendant Care (UAP Option) under Attendant Care/Personal Assistance through the HASCI Waiver. The Service Coordinator must complete all procedures to arrange for Self-Directed Attendant Care (UAP Option) so it can be authorized along with HASCI Waiver enrollment.
 - To ensure the person does not have a lapse in services, it may be necessary to authorize Attendant Care/Personal Assistance through a provider agency enrolled with SCDHHS until all the requirements are completed for Self-Directed Attendant Care (UAP Option).

Pre-Enrollment Form

After a target date for HASCI Waiver enrollment has been confirmed with the HASCI Division, the Service Coordinator must complete the *Pre-Enrollment Form* (HASCI Form 9).

It must be documented in a Service Note that the *Pre-Enrollment Form* was completed. The original form must be maintained in the person's file.

Waiver Transfer Form

For a person moving to the HASCI Waiver from another HCBS Waiver program, the agreed date for transfer must be confirmed using *Waiver Transfer Form* (HASCI Form 10). A copy must be forwarded to the CLTC Case Manager or Service Coordinator for the current Waiver program as soon as possible. A copy must also be sent to the Regional Sponsored Medicaid Worker.

It must be documented in a Service Note that the *Waiver Transfer Form* was completed and copies forwarded as required. The original form must be maintained in the person's file.

Completing Enrollment

HASCI Waiver enrollment cannot be completed until all of the preceding requirements have been met. Do not forward information or documents to the HASCI Division in a piecemeal fashion.

Enrollment in the HASCI Waiver requires submitting an entire enrollment package to the HASCI Division with copies of the following documents fully completed:

- *HASCI Waiver Pre-enrollment Form* (HASCI Form 9)
- *Freedom of Choice Form* (HASCI Form 2)
- *Acknowledgement of Choice and Appeal Rights* (HASCI Form 19)
- *Acknowledgement of Rights and Responsibilities* (HASCI Form 20)
- *Verification of Third Party Coverage* (HASCI Form 18)
- *Waiver Client Status Document* (SCDHHS Form 118A)
- For NF Level of Care:
 - *DDSN/CLTC Transmittal Form for Nursing Facility Level of Care* (HASCI Form 7) and
 - *South Carolina Long Term Care Assessment Form* (SCDHHS Form 1718)
- For ICF/IID Level of Care:
 - *Level of Care for ICF/IID* form printed from person's record in CDSS
- *Waiver Transfer Form* (HASCI Form 10) if the person is transferring to the HASCI Waiver from another HCBS Waiver program.

Following submission of the enrollment package to the HASCI Division, the Service Coordinator must complete the participant's Waiver budget and enter it into the Waiver Tracking System (WTS) for review by HASCI Division staff prior to completing the enrollment. The Service Coordinator will be notified by e-mail or telephone that the budget is approved or if changes are required.

Following approval of the budget, the Service Coordinator can proceed with entering services into the Service Tracking System (STS) and forwarding a service authorization to each provider.

The start date for each service must be the same as or after the HASCI Waiver enrollment date. At least one service must be authorized to start on the HASCI Waiver enrollment date.

The HASCI Division is responsible for procedures to officially enroll a person in the HASCI Waiver and to forward the required information to SCDHHS. This includes moving the person to “Enrolled” status in WTS (“E” on ENINQ screen).

If a person has Category 15 Medicaid eligibility, he or she will be placed in “Awaiting” status in WTS (“A” on ENINQ screen) for the first 30 days, and then moved to “Enrolled” status (“E” on ENINQ screen) retroactive to the start date of at least one HASCI Waiver service.

- If a person has established a Medicaid Income Trust to qualify for Medicaid eligibility via Category 15, the Service Coordinator will be directed to complete *Medicaid Income Trust* (HASCI Form 5-B) and submit it to the SCDHHS Division of Eligibility.
 - This form reports HASCI Waiver costs for Months 1, 2, and 3 and projected monthly costs beginning Month 4. A copy of the completed form must be sent to the Regional Sponsored Medicaid Worker and a copy must be placed in the participant’s file.
 - It must be documented in a Service Note that HASCI Form 5-B was submitted to SCDHHS as requested and copies distributed as required.

Level of Care Re-evaluation

For continued participation in the HASCI Waiver, the person’s Level of Care must be formally re-assessed and re-certified at least every 365 calendar days. It is the responsibility of the Service Coordinator/Supervisor to monitor the LOC certification of each HASCI Waiver participant, and to insure it does not expire.

A participant’s Level of Care must be re-assessed immediately if the person demonstrates distinctly improved functioning.

NF Level of Care Re-evaluation

NF Level of Care Re-evaluation must be scheduled to allow sufficient time for consultation with the HASCI Division if necessary (for an adverse decision) and submission to the LOC Quality Assurance (QA) Reviewer at USC Center for Disability Resources prior to the expiration date of the previous LOC certification.

NF Level of Care is re-evaluated by the Service Coordinator using recent medical/functional documentation, information provided by the person/representative, and direct observation of the person to determine if there is change/improvement in functioning that may affect NF Level of Care status.

Findings are recorded on SCDHHS Form 1718. The assessment must be staffed with the SC Supervisor (or other supervisory staff) and Form 1718 must be signed/initialed and dated on appropriate pages. LOC certification date of the re-evaluation is the date of the staffing and signing/initialing of Form 1718.

- If the person meets NF Level of Care, the Service Coordinator must complete *Re-Certification for Nursing Facility Level of Care* (HASCI Form 6) which designates the effective date and must enter the new LOC certification date on the Waiver Tracking System (WTS).

Copies of the Form 6 and Form 1718 must be mailed to the QA Reviewer within 2 work days. The Service Coordinator must comply with any directions from the QA Reviewer to correct originals/re-submit copies of the Form 6 and Form 1718 within 3 work days after notification.

After the determination is confirmed, the QA Reviewer will enter the new LOC certification date into the HASCI Waiver database and mail copies of Form 6 and Form 1718 to SCDHHS.

- If the person does not meet NF Level of Care due to improvement in functioning, HASCI Form 6 is not completed and a copy of the SCDHHS Form 1718 must be sent to the HASCI Division within 2 work days. HASCI Division staff will review the assessment/determination with the Service Coordinator/Supervisor and may advise that corrections or adjustments be made in the keying/scoring of Form 1718.
 - If consultation with the HASCI Division determines the person meets NF Level of Care, the Service Coordinator will correct/adjust the Form 1718 as necessary, complete HASCI Form 6, and enter the new LOC certification date on the Waiver Tracking System (WTS).

Copies of the Form 6 and Form 1718 must be mailed to the QA Reviewer within 2 work days.

The Service Coordinator must comply with any directions from the QA Reviewer to correct originals and re-submit copies of the Form 6 and Form 1718 within 3 work days after notification.

After the determination is confirmed, the QA Reviewer will enter the new LOC certification date into the HASCI Waiver database and mail copies of the Form 6 and Form 1718 to SCDHHS.

- If consultation with HASCI Division confirms the person does not meet NF Level of Care, within 2 work days, the Service Coordinator must mail *Waiver Termination Notice* (HASCI Form 8) to inform the person or legal guardian that the person no longer meets NF-Level of Care and will be

terminated from the HASCI Waiver effective 10 calendar days after the notice date. SCDDSN Reconsideration and SCDHHS Appeal information must be provided along with the notice.

A copy of the Form 1718 must be mailed to the QA Reviewer within 2 work days. The Service Coordinator must comply with any directions from the QA Reviewer to correct original/re-submit a copy of the Form 1718 within 3 work days after notification. After the copy of Form 1718 is confirmed, the QA Reviewer will mail it to SCDHHS. The QA reviewer will not update the HASCI Waiver data base (*determination was negative.*)

If the negative determination is subsequently reversed by SCDDSN or SCDHHS, the Service Coordinator will correct/adjust the Form 1718 as necessary, complete HASCI Form 6, and enter the new LOC certification date on the Waiver Tracking System (WTS).

Copies of the Form 6 and Form 1718 must be mailed to the QA Reviewer within 2 work days. The Service Coordinator must comply with any directions from the QA Reviewer to correct originals and re-submit copies of the Form 6 and Form 1718 within 3 work days after notification.

After the determination is confirmed, the QA Reviewer will enter the new LOC certification date into the HASCI Waiver database and mail copies of the Form 6 and Form 1718 to SCDHHS.

ICF/IID Level of Care Re-evaluation

ICF/IID Level of Care Re-evaluation must be scheduled to allow sufficient time for consultation with or review by the SCDDSN Consumer Assessment Team (CAT) and submission to the LOC Quality Assurance (QA) Reviewer at USC Center for Disability Resources prior to the expiration date of the person's previous LOC certification.

For a HASCI Waiver participant with time-limited SCDDSN eligibility, ICF/IID Level of Care Re-evaluation must be done by CAT. The Service Coordinator must allow sufficient time and follow the same procedures as when requesting an ICF/IID Level of Care Initial Determination.

For all other HASCI Waiver participants, ICF/IID Level of Care is re-evaluated by the Service Coordinator using recent medical/functional documentation, information provided by the person/representative, and direct observation of the person to determine if there is improvement in functioning.

Findings must be staffed with the SC Supervisor (or other supervisory staff). If there is evidence the person's functioning has significantly improved, CAT must be consulted by telephone before an adverse LOC determination is made.

- If the person continues to meets ICF/IID Level of Care, the Service Coordinator must complete an *“Annual/Recertification” Level of Care for ICF/IID* in the person’s record in CDSS and enter the new certification date into the Waiver Tracking System (WTS).

Within 2 days, the Service Coordinator must forward a copy of the updated *“Annual/Recertification” Level of Care for ICF/IID* form to the QA Reviewer. The QA Reviewer will enter the new ICF/IID certification date into the HASCI Waiver data base and forward the updated *“Annual/Recertification” Level of Care for ICF/IID* form to SCDHHS.

- If the person no longer meets ICF/IID Level of Care, the Service Coordinator must complete an *“Annual/Recertification” Level of Care for ICF/IID* in the person’s record in CDSS. Within 2 work days the Service Coordinator must submit HASCI Form 4 and copies of all information/documentation used in making the adverse determination to CAT. The person’s Assessment and Support Plan in CDSS must be current. CAT will decide if any new psychological/ adaptive testing is necessary.

- If CAT determines the person continues to meet ICF/IID Level of Care, it will notify Service Coordinator by E-mail and complete a new *Level of Care for ICF/IID* in the person’s record in CDSS.

The Service Coordinator must complete an *“Annual/Recertification” Level of Care for ICF/IID* in the person’s record in CDSS and enter the new certification date into the Waiver Tracking System (WTS).

Within 2 days, the Service Coordinator must forward a copy of the updated *“Annual/Recertification” Level of Care for ICF/IID* form to the QA Reviewer.

The QA Reviewer will enter the new ICF/IID certification date into the HASCI Waiver data base and forward the updated *“Annual/Recertification” Level of Care for ICF/IID* form to SCDHHS.

- If CAT concurs the person does not meet ICF/IID Level of Care, it will notify the Service Coordinator by E-mail and complete a new *Level of Care for ICF/IID* in the person’s record in CDSS.

Within 2 work days the Service Coordinator will mail the *Waiver Termination Notice* (HASCI Form 8) to inform the person or representative that the person no longer meets ICF/IID Level of Care and will be terminated from the HASCI Waiver effective 10 calendar days after date of the notice. SCDDSN Reconsideration and SCDHHS Appeal information must be provided. *(CAT will provide guidance if needed concerning the SCDDSN Reconsideration process, which must be completed prior to SCDHHS Appeal.)*

Within 2 days, the Service Coordinator must forward a copy of the updated *Level of Care for IC/-IID* to the QA Reviewer. The QA Reviewer will forward this to SCDHHS, but will not update the HASCI Waiver data base (*because the determination was negative*).

If the negative determination is reversed by SCDDSN or SCDHHS, the Service Coordinator must complete a new “*Annual/Recertification*” *Level of Care for ICF/IID* in the person’s record in CDSS and enter the new certification date into the Waiver Tracking System (WTS).

Within 2 days, the Service Coordinator must forward a copy of the updated “*Annual/Recertification*” *Level of Care for ICF/IID* form to the QA Reviewer. The QA Reviewer will enter the new ICF/IID certification date into the HASCI Waiver data base and forward the updated “*Annual/Recertification*” *Level of Care for ICF/IID* form to SCDHHS.

HASCI Waiver Termination

A participant must be terminated from the HASCI Waiver if the following occurs:

- Death
- Moved out of state
- No longer eligible for Medicaid
- Admitted to a Nursing Facility (NF) or to an Intermediate Care Facility for Individuals with Intellectual Disability (ICF/IID)
- No longer qualifies for NF or ICF/IID Level of Care
- Does not receive a HASCI Waiver service for a full calendar month due to hospitalization, incarceration, non-availability of a provider, or other reasons
- Refusal to meet responsibilities as a HASCI Waiver participant
- No longer wants HASCI Waiver services

When it is necessary for a participant to be terminated from the HASCI Waiver, the Service Coordinator must give the person or legal guardian prior written notice stating the reason for termination and providing information concerning SCDDSN Reconsideration and SCDHHS Medicaid Appeal processes.

Prior notification is not required if it is verified the individual died, moved out of state, or voluntarily declined to continue participating in the HASCI Waiver.

Procedures for Termination

Within two (2) days after confirming that a participant must be terminated from the HASCI Waiver, the Service Coordinator must complete a *Notice of Waiver Termination* (HASCI Form 8) indicating reason for termination and mail it to the person or legal guardian along with written information on the SCDDSN Reconsideration and SCDHHS Medicaid Appeals processes. Copies of the HASCI Form 8 must be sent to the HASCI Division and to the Regional Sponsored Medicaid Worker. A copy must be maintained in the person's file.

- Except if it is verified the person died, moved out of state, or voluntarily declined to continue participating in the HASCI Waiver, the effective date of termination must be at least 10 calendar days after the date HASCI Form 8 was completed.

This allows the person or legal guardian at least 10 calendar days to initiate SCDDSN Reconsideration, which must be fully completed prior to SCDHHS Medicaid Appeal. It also gives the person or legal guardian the opportunity to request that HASCI Waiver services continue during the SCDDSN Reconsideration and SCDHHS Medicaid Appeals processes.

- If the participant did not receive a HASCI Waiver service for a full calendar month due to hospitalization, incarceration, non-availability of a provider, or other reasons, the termination date is the last day of the month following the month when the last Waiver service was received.

Example: If a Waiver service was received on March 17 and no other Waiver service was received before April 30, then the individual must be terminated effective April 30.

- If the person or legal guardian no longer wants HASCI Waiver services, he or she must sign a *Voluntary Termination Statement* (HASCI Form 16). The original form must be maintained in the person's file. A copy must be forwarded to the HASCI Division and to the Regional Sponsored Medicaid Worker.
- If a person is eligible for Medicaid under Category 15, termination from the HASCI Waiver will also result in loss of all Medicaid coverage. The Service Coordinator must notify the person or legal guardian of this in writing. It must be documented in a Service Note that notification was made. A copy of the communication must be placed in the person's file.

The Service Coordinator must notify all providers that HASCI Waiver services for the person must be ended by completing a *Notice of Termination of Service* (HASCI Form 11) and forwarding it to each provider. The service end date must be the same as the Waiver termination date on HASCI Form 8. A copy of each HASCI Form 11 must be maintained in the person's file.

- The service end date must be after the deadline for the person or legal guardian to request SCDDSN Reconsideration and/or request services to continue during SCDDSN Reconsideration and SCDHHS Medicaid Appeal.

Within two (2) work days following the Waiver termination date, the Service Coordinator must update the person's Support Plan and budget information in the Waiver Tracking System (WTS) must be adjusted.

- Update the person's Support Plan to reflect actual units of services received through the HASCI Waiver prior to termination.
- Determine actual units of budgeted services received by the individual and adjust the Waiver budget in WTS accordingly and with actual end date for services. Excess or unused service units must be deleted from the budget.
- Update the Service Tracking System (STS) to reflect that there is no longer HASCI Waiver funding for any services.

The HASCI Division is responsible for procedures to officially terminate a person from the HASCI Waiver and to forward the required information to SCDHHS. This includes moving the person to "Terminated" in WTS ("T" on ENINQ screen).

Temporary Retention of HASCI Waiver Slot Following Termination

If termination from the HASCI Waiver is for any reason other than one of the following three circumstances, the person's HASCI Waiver slot is revoked along with termination.

If the person wants to re-enroll in the future, the Service Coordinator must submit a new *Request for HASCI Waiver Slot* (HASCI Form 1) to the HASCI Division. The person will be placed on the HASCI Waiver waiting list in either Urgent or Regular status.

- An individual terminated from the HASCI Waiver due to interruption of Medicaid eligibility will have his or her Waiver slot held up to 90 consecutive days after the date of termination if it is anticipated Medicaid eligibility will be reinstated during that time. The Regional Sponsored Medicaid Worker can assist the individual to re-qualify for Medicaid. The worker may also require assistance from the Service Coordinator in resolving issues.
- An individual terminated from the HASCI Waiver because of hospitalization or temporary admission to a nursing facility or ICF/IID exceeding a full calendar month will have his or her Waiver slot held up to 90 consecutive days after the date of termination if it is anticipated the person will be discharged from the hospital, nursing facility or ICF/IID during that time. The Service Coordinator must be directly involved with discharge planning.

- An individual terminated from the HASCI Waiver because a service was not received during a full calendar month due to non-availability of a provider or other reasons will have his or her Waiver slot held up to 90 consecutive days after the date of termination if it is expected services can be resumed within that time. The Service Coordinator must actively seek a provider or assist in addressing other circumstances which resulted in the termination.

Re-enrollment in the HASCI Waiver Following Termination

Re-enrollment in the HASCI Waiver following termination is contingent upon the person having a HASCI Waiver slot and newly obtained documentation that all eligibility requirements are met.

Re-enrollment in the HASCI Waiver requires all the same procedures as for initial enrollment. It includes submitting an entire enrollment package to the HASCI Division with copies of all the required fully completed documents;

- *HASCI Waiver Pre-enrollment Form* (HASCI Form 9)
- *Freedom of Choice Form* (HASCI Form 2)
- *Acknowledgement of Choice and Appeal Rights* (HASCI Form 19)
- *Acknowledgement of Rights and Responsibilities* (HASCI Form 20)
- *Verification of Third Party Coverage* (HASCI Form 18)
- *Waiver Client Status Document* (SCDHHS Form 118A)
- For NF Level of Care:
 - *DDSN/CLTC Transmittal Form for Nursing Facility Level of Care* (HASCI Form 7) and
 - *South Carolina Long Term Care Assessment Form* (SCDHHS Form 1718)

For ICF/IID Level of Care:

- *Level of Care for ICF/IID* form printed from person's record in CDSS

Following submission of the enrollment package to the HASCI Division, the Service Coordinator must complete the participant's Waiver budget and enter it into the Waiver Tracking System (WTS) for review by HASCI Division staff prior to completing the enrollment. The Service Coordinator will be notified by e-mail or telephone that the budget is approved or if changes are required.

Following approval of the budget, the Service Coordinator can proceed with entering services into the Service Tracking System (STS) and forwarding a service authorization to each provider.